

UNITED STATES DISTRICT COURT

Western

District of Oklahoma

Jonathan Lee Riches

Plaintiff

v.

CARRIE UNDERWOOD

Defendant

FILED
SEP 21 2007
ROBERT D. DENNIS, CLERK
U.S. DIST. COURT, WESTERN DIST. OF OKLA.
BY DEPUTYAPPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER

CIV-07-1066 F

I, Jonathan Lee Riches declare that I am the (check appropriate box) petitioner/plaintiff/movant other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No," go to Part 2)If "Yes," state the place of your incarceration Fci WilliamsburgAre you employed at the institution? Yes Do you receive any payment from the institution? .12⁴ months

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? Yes Noa. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. .12⁴ cents a monthSweeping in prison

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

A little money to Eat from. My family helps because I'm disabled

4. Do you have any cash or checking or savings accounts? Yes No

If "Yes," state the total amount.

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? Yes No

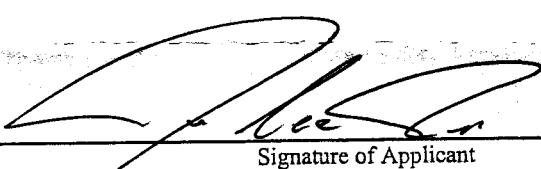
If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

9-12-07

Date


Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

CERTIFICATE OF PENAL INSTITUTION

I hereby certify that on August 29, 2007, the prisoner herein had the following amount in his/her prisoner's trust fund account:

\$10.53

8/29/07

Date

Signature of authorized trust fund officer

J. Jackson

Printed or typed name of authorized officer

Case Manager

Title of authorized officer

FCI Williamsburg, SC

Name of institution

Case Manager.
Authorized by the Act of July 7,
1968, as amended to administer
oaths (18 USC 4004). 8/29/07
FCI Williamsburg, SC